



2020

**Behavioral Risk Factor Surveillance System
Questionnaire**

Imported & Hidden Sample Variables

[ASK ALL]

SAMTYPE. Imported Sample Variable: Sample Type

1 Landline
2 Cell Phone

[ASK ALL]

STATE. Imported Sample Variable: State

MD Maryland

[ASK ALL]

HEALTHDEPT. Imported Sample Variable: Health Department Name

MD Maryland Department of Health

[ASK ALL]

DEPTPHONE. Imported Sample Variable: Department Phone Number

MD 844-403-3933

[ASK ALL]

ASGCNTY. Imported Sample Variable: County by State

Range 000-999 [NUMBER BOX]

[ASK ALL]

HGENDER. Hidden Variable for storing values entered at SEX1, SEX2, ASKGENDR, RSA, AND MOD19_1

1 Male
2 Female

[ASK ALL]

LENGTH. Imported Sample Variable: Interview Length

MD 25

CMONTH. System variable - Current month

01 January
02 February
03 March
04 April

05 May
06 June
07 July
08 August
09 September
10 October
11 November
12 December

CYEAR. System variable - Current year

[NUMBER BOX]

[ASK IF STATE=MD]

SPLIT. Imported Sample Variable: Split

1 Split 1
2 Split 2
3 Split 3

CDC NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.

Behavioral Risk Factor Surveillance System

2020 Questionnaire

Table of Contents

Table of Contents	4
Interviewer’s Script Landline.....	5
Interviewer’s Script Cell Phone	13
Core Sections	19
Section 1: Health Status	19
Section 2: Healthy Days	20
Section 3: Healthcare Access.....	21
Section 4: Exercise.....	22
Section 5: Inadequate Sleep	23
Section 6: Chronic Health Conditions.....	23
Module 1: Prediabetes (Split 1, 2, 3)	27
Module 2: Diabetes (Split 1, 2, 3)	28
Section 7: Oral Health	31
Section 8: Demographics	32
MD State-Added Section: County	37
Section 9: Disability	46
MD State Added Section 1: Community Supports (Split 1)	47
Section 10: Tobacco Use	49
MD State Added Section 2: Smoking Initiation and Frequency (Split 1, 2, 3)	51
MD State Added Section 3: Tobacco Products (Split 1, 2, 3)	51
MD State Added Section 4: Smoking Cessation (Split 1, 2, 3)	52
Module 8: E-Cigarettes (Split 1, 2, 3)	55
MD State Added Section 5: E-Cigarettes (Split 1, 2, 3)	56
Module 9: Marijuana Use (Split 1, 2, 3)	57
Section 11: Alcohol Consumption	58
MD State Added Section 6: Hepatitis Treatment (Split 1, 2, 3)	60
Section 12: Immunization	61
Section 13: Falls	64
Section 14: Seat Belt Use and Drinking and Driving	64
MD State Added Section 7: Substance Abuse (Split 1, 2, 3)	65
Section 15: Breast and Cervical Cancer Screening	66
Section 16: Prostate Cancer Screening	68
Section 17: Colorectal Cancer Screening	70
Module 11: Cancer Survivorship : Type of Cancer (Split 2)	74
Module 12: Cancer Survivorship: Course of Treatment (Split 2)	76
Module 13: Cancer Survivorship: Pain Management (Split 2)	79
MD State Added Section 8: Secondhand Smoke (Split 1, 2)	80
Section 18: H.I.V./AIDS	81
Optional Modules	83
Module 21: Adverse Childhood Experiences	83
State Added Sections	87
MD State Added Section 9: COVID-19 (Splits 1 and 3)	87

Interviewer's Script Landline

Form Approved
OMB No. 0920-1061
Exp. Date 03/31/2021

Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).

NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.

ANSWERING MACHINE MESSAGE TEXT:

AM_TEXT. TO BE LEFT ON 1ST, 4TH, AND 9TH ATTEMPTS THAT RESULT IN ANSWERING MACHINE

1 Hello, my name is _____. I am calling on behalf of the [HEALTHDEPT] to conduct an important study on the health of [STATE] residents. We will call again in the next few days to conduct the interview. If you have any questions, please call us toll free at [DEPTPHONE] at your convenience. Thank you.

PRIVACY MANAGER MESSAGE TEXT:

PM_TEXT. TO BE LEFT ON THE 1ST, 4TH, 9TH ATTEMPT THAT RESULTS IN A PRIVACY MANAGER

1 (NAME) calling on behalf of the [HEALTHDEPT]

[ASK IF SAMPTYPE=2 OR SELFLAG NE 1 OR GETADULT=1]

INT01. Hello, I am calling for the [HEALTHDEPT]. My name is _____. We are gathering information about the health of US residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. This call may be monitored or recorded for quality control.

[IF SAMPTYPE=1 INSERT "Is this \$N?"; IF SAMPTYPE=2 INSERT "Is this a safe time to talk with you?"]

[IF SAMPTYPE=1 INSERT "**INTERVIEWER NOTE: IF NO: Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.**"; IF SAMPTYPE=2 INSERT "**INTERVIEWER NOTE: IF NO: Thank you very much. We will call you back at a more convenient time**"]

01 Yes – Continue
02 No [DISPLAY IF SAMPTYPE=1]
03 No – Not a safe time [GO TO CALL BACK SCREEN] [DISPLAY IF SAMPTYPE=2]

10 Callback
20 Refusal
D3 Answering Machine
B2 Busy
DA Dead Air
HU Hang Up
NA No Answer
NW Non-Working Number

[ASK IF INT01=02]

TERM1. Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.

1 Continue [ASSIGN DISPO U1]

[ASK IF SELFLAG=1 AND SAMPTYPE=1 AND NOT(GETADULT=1)]

INT02. Hello, I'm _____ calling from ICF for the [STATE] State Department of Health and the Centers for Disease Control and Prevention. We are gathering information about the

health of US residents. This call may be monitored or recorded for quality control. When we called previously the computer randomly selected the [RSA] to be interviewed.

May I please speak to [IF HGENDER=1 INSERT "him"; IF HGENDER=2 INSERT "her"]?

01 Selected on the line

03 Go back to Adults question. **WARNING: A NEW RESPONDENT WILL BE SELECTED AND YOU NEED A SUPERVISORS PASSWORD TO CONTINUE** [GO BACK TO PW]

10 Callback

20 Refusal

D3 Answering Machine

B2 Busy

DA Dead Air

HU Hang Up

NA No Answer

NW Non-Working Number

[ASK IF INT01=01 AND SAMPTYPE=1]

HS1. Is this a private residence?

READ IF NECESSARY: By private residence, we mean someplace like a house or apartment.

INTERVIEWER NOTE: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.

1 Yes

2 No

3 No, this is a business

[ASK IF HS1=3]

BUS. Thank you very much but we are only interviewing persons on residential phones at this time.

1 Continue [ASSIGN DISPO M8]

[ASK IF HS1=2]

COLLEGE. Do you live in college housing?

READ ONLY IF NECESSARY: BY COLLEGE HOUSING WE MEAN DORMITORY, GRADUATE STUDENT OR VISITING FACULTY HOUSING, OR OTHER HOUSING ARRANGEMENT PROVIDED BY A COLLEGE OR UNIVERSITY.

INTERVIEWER NOTE: IF NO, PROBE TO FIND OUT IF BUSINESS OR GROUP HOME.

- 1 Yes
- 2 No – Business
- 3 No – Group Home

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF COLLEGE=2,3,7,9]

X2. Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.

1 Continue [ASSIGN DISPO M8]

[ASK IF SAMPTYPE=1]

STRES. Do you currently live in [STATE]?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF STRES=2,7,9]

X3. Thank you very much, but we are only interviewing persons who live in [STATE] at this time.

1 Continue [ASSIGN DISPO M7]

[ASK IF HS1=1 or COLLEGE=1]

HS2. Is this a cell phone?

READ IF NECESSARY: By cell phone we mean a telephone that is mobile and usable outside your neighborhood.

INTERVIEWER NOTE: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).

- 1 Yes, it is a cell phone
- 2 Not a cell phone

[ASK IF HS2=1]

HS2X. Thank you very much, but we are only interviewing by land line telephones in private residences or college housing at this time.

- 1 Continue [ASSIGN DISPO M3]

[ASK IF COLLEGE=1 AND HS2=2]

ADULT. Are you 18 years of age or older?

- 1 Yes
- 2 No

[ASK IF COLLEGE=1 AND HS2=2 AND ADULT=1]

SEX1. Are you male or female?

- 1 Male
- 2 Female

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[IF SEX1=1 SET HGENDER=1 (Male); IF SEX1=2 SET HGENDER=2 (Female)]

[ASK IF HS1=1 AND HS2=2]

ADULTS. I need to randomly select an adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older?

RANGE 0-18 [NUMBER BOX]

[ASK IF ADULTS=0 OR ADULT=2]

XX3. Thank you very much, but we are only interviewing persons aged 18 or older at this time.

- 1 Continue [ASSIGN DISPO M6]

[ASK IF SEX1=7,9]

XX4. Thank you for your time, your number may be selected for another survey in the future.

1 Continue [ASSIGN DISPO R3]

[ASK IF ADULTS=1]

ONEADULT. Are you the adult?

1 Yes

2 No

[ASK IF ONEADULT=1]

ASKGENDR. Are you male or female?

1 Male

2 Female

7 DON'T KNOW / NOT SURE

9 REFUSED

[IF ASKGENDR=1 SET HGENDER=1 (Male); IF ASKGENDR=2 SET HGENDER=2 (Female)]

[ASK IF ASKGENDR=7,9]

XX5. Thank you for your time, your number may be selected for another survey in the future.

1 Continue [ASSIGN DISPO R3]

[ASK IF ONEADULT=2]

GETADULT. May I speak with the adult in the household that is 18 years of age or older?

1 Yes, adult coming to the phone [GO TO INT01]

2 No, not here [TERM AS CALL BACK]

[ASK IF ONEADULT=1]

YOU. Then you are the person I need to speak with.

1 Continue

[ASK IF ADULTS > 1]

MEN. How many of these adults are men?

RANGE 0-[ADULTS] [NUMBER BOX]

[ASK IF ADULTS > 1]

NWOMEN. CALCULATE NWOMEN=ADULTS MINUS MEN

[ASK IF NWOMEN>0]

WOMEN. So the number of women in the household is [NWOMEN].

INTERVIEWER NOTE: Confirm the number of adult women or clarify the total number of adults in the household.

Is that correct?

1 Yes

2 No [GO BACK TO ADULTS]

[ASK IF ADULTS>=1 OR ASKGENDR=1,2 OR SEX1=1,2]

[IF ADULTS>=1 AND NWOMEN>=1, RANDOMLY SET RSA=01-09]

[IF ADULTS>=1 AND MEN>=1, RANDOMLY SET RSA=11-19]

[IF ASKGENDR=1, SET RSA=21; IF ASKGENDR=2, SET RSA=22]

[IF SEX1=1, SET RSA=21; IF SEX1=2, SET RSA=22]

RSA. System Generated Variable: Randomly Selected Adult

01 Oldest Female

02 2nd Oldest Female

03 3rd Oldest Female

04 4th Oldest Female

05 5th Oldest Female

06 6th Oldest Female

07 7th Oldest Female

08 8th Oldest Female

09 9th Oldest Female

11 Oldest Male

12 2nd Oldest Male

13 3rd Oldest Male

- 14 4th Oldest Male
- 15 5th Oldest Male
- 16 6th Oldest Male
- 17 7th Oldest Male
- 18 8th Oldest Male
- 19 9th Oldest Male
- 20 No respondent selected
- 21 Male
- 22 Female

[IF RSA =11,12,13,14,15,16,17,18,19,21 SET HGENDER=1 (Male); IF RSA =01,02,03,04,05,06,07,08,09,22 SET HGENDER=2 (Female)]

[ASK IF ADULTS>1 AND SAMPTYPE=1]

RESPSLCT. The person in your household that I need to speak with is the [RSA]. Are you the [RSA] in this household?

[INTERVIEWER: PLEASE CHOOSE A RESPONSE. DO NOT USE QUIT]

[INTERVIEWER: IF PERSON ON THE PHONE IS NOT THE SELECTED ADULT SAY: "May I speak with the [RSA]"]

[INTERVIEWER: WHEN NEW ADULT COMES TO THE PHONE READ: Hello, I am calling for the [HEALTHDEPT]. My name is _____. We are gathering information about the health of [STATE] residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. This call may be monitored or recorded for quality control.]

- 1 Yes, male
- 2 Yes, female

- 4 No, adult not available at this time. [SUSPEND AND SCHEDULE A CALL BACK]
- 5 No, adult refused [GO TO INT20 TERM]
- 6 TERM [GO TO INTXX]

[ASK IF (RSA=01-09 AND RESPSSLCT =1) OR (RSA=11-19 AND RESPSSLCT =2)]

SELCK. I'm sorry. The selected person in the household is [RSA] and you have just told me you are [IF RESPSSLCT =1 INSERT "Male"; IF RESPSSLCT =2 INSERT "Female"]. I must correct this inconsistency.

1 Go Back [GO TO RESPSLCT]

[ASK IF SAMPTYPE=1]

YOURTHE1. I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call [DEPTPHONE].

INTERVIEWER NOTE: The interview takes on average [LENGTH] minutes depending on your answers.

1 Person Interested, Continue

2 Go back to Adults question. **WARNING: A NEW RESPONDENT WILL BE SELECTED AND YOU NEED A SUPERVISORS PASSWORD TO CONTINUE** [GO BACK TO PW]

[ASK IF YOURTHE1=2 OR (INT02=03 AND YOURTHE1 NE 1)]

PW. INTERVIEWER IN ORDER TO GO BACK AND CHANGE THE NUMBER OF ADULTS YOU NEED YOUR SUPERVISORS PERMISSION AND PASSWORD ENTER PASSWORD

150615 Go back to ADULTS [GO BACK TO ADULTS] [HIDE RESPONSE]

Interviewer's Script Cell Phone

[ASK IF INT01=01 AND SAMPTYPE=2]

PHONE. Is this \$N?

INTERVIEWER NOTE: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

1 Yes

2 No

3 Not a safe time/driving [GO TO TERM]

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF PHONE=2]

XPHONE. Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.

1 Continue [CODE AS U1]

[ASK IF PHONE=1,7,9]

CELLFON2. Is this a cell phone?

READ IF NECESSARY: By cell phone we mean a telephone that is mobile and usable outside your neighborhood.

INTERVIEWER NOTE: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).

1 Yes
2 No
3 Not a safe time / driving [GO TO TERM]

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CELLFON2=2]

NOTCELL1. Thank you very much, but we are only interviewing cell telephones at this time.

1 Continue [ASSIGN DISPO M2]

[ASK IF CELLFON2=7,9]

NOTCELL2. Thank you for your time.

1 Continue [ASSIGN DISPO M2]

[ASK IF CELLFON2=1]

CADULT. Are you 18 years of age or older?

1 Yes
2 No

[ASK IF CADULT=2]

NOTOLD. Thank you very much, but we are only interviewing persons aged 18 or older at this time.

1 Continue [ASSIGN DISPO M6]

[ASK IF CADULT=1]

SEX2. Are you male or female?

1 Male
2 Female

7 DON'T KNOW / NOT SURE
9 REFUSED

[IF SEX2=1 SET HGENDER=1 (Male); IF SEX2=2 SET HGENDER=2 (Female)]

[ASK SEX2=7,9]

XX6. Thank you for your time, your number may be selected for another survey in the future.

1 Continue [ASSIGN DISPO R3]

[ASK IF CADULT=1]

PVTRES2. Do you live in a private residence?

READ ONLY IF NECESSARY: BY PRIVATE RESIDENCE, WE MEAN SOMEPLACE LIKE A HOUSE OR APARTMENT.

INTERVIEWER NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RV'S OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF PVTRES2=2]

COLLEGE2. Do you live in college housing?

READ ONLY IF NECESSARY: BY COLLEGE HOUSING WE MEAN DORMITORY, GRADUATE STUDENT OR VISITING FACULTY HOUSING, OR OTHER HOUSING ARRANGEMENT PROVIDED BY A COLLEGE OR UNIVERSITY.

INTERVIEWER NOTE: IF NO, PROBE TO FIND OUT IF BUSINESS OR GROUP HOME.

- 1 Yes
- 2 No – business
- 3 No – group home
- 4 Not a safe time / driving [GO TO CALL BACK SCREEN]

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF COLLEGE2=2,3]

NOTARES. Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.

- 1 Continue [ASSIGN DISPO M8]

[ASK IF PVTRES2=7,9 OR COLLEGE2=7,9]

X4. Thank you very much for your time.

- 1 Continue [ASSIGN DISPO M8]

[ASK IF PVTRES2=1 OR COLLEGE2=1]

CSTATE. Do you currently live in [STATE]?

- 1 Yes
- 2 No
- 3 Not a safe time / driving [GO TO CALL BACK SCREEN]

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF CSTATE=7,9]

X5. Thank you very much for your time.

- 1 Continue [ASSIGN DISPO M7]

[ASK IF CSTATE=2]

RSPSTATE. In what state do you currently live?

AL Alabama
AK Alaska
AZ Arizona
AR Arkansas
CA California
CO Colorado
CT Connecticut
DE Delaware
DC District of Columbia
FL Florida
GA Georgia
HI Hawaii
ID Idaho
IL Illinois
IN Indiana
IO Iowa
KS Kansas
KY Kentucky
LA Louisiana
ME Maine
MD Maryland
MA Massachusetts
MI Michigan
MN Minnesota
MS Mississippi
MO Missouri
MT Montana
NE Nebraska
NV Nevada
NH New Hampshire
NJ New Jersey
NM New Mexico
NY New York
NC North Carolina
ND North Dakota
OH Ohio
OK Oklahoma
OR Oregon

PA Pennsylvania
RI Rhode Island
SC South Carolina
SD South Dakota
TN Tennessee
TX Texas
UT Utah
VT Vermont
VA Virginia
WA Washington
WV West Virginia
WI Wisconsin
WY Wyoming
66 Guam
72 Puerto Rico
78 Virgin Islands
77 Live outside US and participating territories
99 Refused

[ASK IF RSPSTATE= 99]

REFSTATE. I'm sorry, but our data is compiled by state. In order to qualify for the interview we need to know which state you live in. Thank you for your time.

1 Continue [ASSIGN DISPO M7]

[ASK IF RSPSTATE=77]

REFSTATE2. Thank you very much, but we are only interviewing persons who live in the United States and Territories.

1 Continue [ASSIGN DISPO M7]

[ASK IF SAMPTYPE=2]

LANDLINE. Do you also have a landline telephone in your home that is used to make and receive calls?

READ ONLY IF NECESSARY: BY LANDLINE TELEPHONE, WE MEAN A REGULAR TELEPHONE IN YOUR HOME THAT IS USED FOR MAKING OR RECEIVING CALLS. PLEASE INCLUDE LANDLINE USED FOR BOTH BUSINESS AND PERSONAL USE.

INTERVIEWER NOTE: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JAKE AND OTHER HOME-BASED PHONE SERVICES)

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF PVTRES2=1]

NUMADULT. How many members of your household, including yourself, are 18 years of age or older?

RANGE 1-18 [NUMBER BOX]

- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

[ASK IF SAMPTYPE=2]

SVINTRO. I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any personal information that you provide will not be used to identify you. If you have any questions about the survey, please call [DEPTPHONE].

INTERVIEWER NOTE: The interview takes on average [LENGTH] minutes depending on your answers.

- 1 Continue
- 2 Driving / not a safe time [GO TO CALL BACK SCREEN]

- 9 REFUSED [GO TO TERM SCREEN]

Core Sections

Section 1: Health Status

[ASK ALL]

S1Q1. Section 1: Health Status

Would you say that in general your health is —

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair, or
- 5 Poor

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Section 2: Healthy Days

[ASK ALL]

S2Q1. Section 2: Healthy Days

Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

RANGE 1-30 [NUMBER BOX]

- 88 None

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK ALL]

S2Q2. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

RANGE 1-30 [NUMBER BOX]

- 88 None

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF S2Q1 NE 88 OR S2Q2 NE 88]

S2Q3. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

RANGE 1-30 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

Section 3: Healthcare Access

[ASK ALL]

S3Q1. Section 3: Healthcare Access

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, or Indian Health Service?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

S3Q2. Do you have one person you think of as your personal doctor or healthcare provider?

If no, ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"

1 Yes, only one

2 More than one

3 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

S3Q3. Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

S3Q4. About how long has it been since you last visited a doctor for a routine checkup?

READ IF NECESSARY: A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition.

READ LIST ONLY IF NECESSARY

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

- 8 NEVER
- 7 DON'T KNOW
- 9 REFUSED

Section 4: Exercise

[ASK ALL]

S4Q1. Section 4: Exercise

During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

INTERVIEWER: If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do.

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Section 5: Inadequate Sleep

[ASK ALL]

S5Q1. Section 5: Inadequate Sleep

On average, how many hours of sleep do you get in a 24-hour period?

INTERVIEWER: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.

RANGE 1-24 [NUMBER BOX]

77 DON'T KNOW / NOT SURE
99 REFUSED

Section 6: Chronic Health Conditions

[ASK ALL]

S6Q1. Section 6: Chronic Health Conditions

Has a doctor, nurse, or other health professional ever told you that you had any of the following?
For each, tell me yes, no, or you're not sure.

(Ever told) you had a heart attack also called a myocardial infarction?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

S6Q2. (Ever told you had) angina or coronary heart disease?

1 Yes
2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

S6Q3. (Ever told you had) a stroke?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

S6Q4. (Ever told you had) asthma?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S6Q4=1]

S6Q5. Do you still have asthma?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

S6Q6. (Ever told you had) skin cancer?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

S6Q7. (Ever told you had) any other types of cancer?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

S6Q8. (Ever told you had) chronic obstructive pulmonary disease, C.O.P.D., emphysema or chronic bronchitis?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

S6Q9. (Ever told you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

INTERVIEWER NOTE: Arthritis diagnoses include: rheumatism, polymyalgia rheumatic, osteoarthritis (not osteoporosis), tendonitis, bursitis, bunion, tennis elbow, carpal tunnel syndrome, tarsal tunnel syndrome, joint infection, Reiter's syndrome, ankylosing spondylitis; spondylosis, rotator cuff syndrome, connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome, vasculitis, giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa).

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

S6Q10. (Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

1 Yes
2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

S6Q11. Not including kidney stones, bladder infection, or incontinence, were you ever told you had kidney disease?

READ IF NECESSARY: Incontinence is not being able to control urine flow.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

S6Q12. (Ever told you had) diabetes?

INTERVIEWER: If yes and respondent is female ask: "Was this only when you were pregnant?"
If respondent says pre-diabetes or borderline diabetes, use response code 04.

1 Yes

2 Yes, but female told only during pregnancy

3 No

4 No, pre-diabetes or borderline diabetes

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF HGENDER=1 AND S6Q12=2]

S6Q12A. INTERVIEWER: You recorded that the respondent was told by a doctor during pregnancy that she had diabetes. Are you sure? The respondent selected was male.

You have to go back and correct this INCONSISTENCY ERROR.

01 GO BACK [GO TO S6Q12]

[ASK IF S6Q12=1]

S6Q13. How old were you when you were told you had diabetes?

RANGE 1-97 [NUMBER BOX]

98 DON'T KNOW / NOT SURE
99 REFUSED

Module 1: Prediabetes (Split 1, 2, 3)

[ASK IF S6Q12 NE 1 AND CSTATE NE 2]

MOD1_1. Module 1: Prediabetes

Have you had a test for high blood sugar or diabetes within the past three years?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[IF S6Q12=4 THEN MOD1_2=1]

[ASK IF (S6Q12 NE 1,4 AND CSTATE NE 2)]

MOD1_2. Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

If Yes and respondent is female, ask: **Was this only when you were pregnant?**

1 Yes
2 Yes, during pregnancy
3 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF HGENDER=1 AND MOD1_2=2]

MOD1_2A. INTERVIEWER: You recorded that the respondent was told by a doctor during pregnancy that she had pre-diabetes or borderline diabetes. Are you sure? The respondent selected was male.

You have to go back and correct this INCONSISTENCY ERROR.

1 Go Back [GO BACK TO MOD1_2]

Module 2: Diabetes (Split 1, 2, 3)

[ASK IF S6Q12=1 AND CSTATE NE 2]

MOD2_1. Module 2: Diabetes

Are you now taking insulin?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF (S6Q12=1 AND CSTATE NE 2)]

MOD2_2. About how often do you check your blood for glucose or sugar?

READ IF NECESSARY: Include times when checked by a family member or friend, but do not include times when checked by a health professional.

INTERVIEWER NOTE: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in '98 times per day.'

- 1 __ Times per day (RANGE 101-199)
- 2 __ Times per week (RANGE 201-299)
- 3 __ Times per month (RANGE 301-399)
- 4 __ Times per year (RANGE 401-499) [NUMBER BOX]

- 888 Never
- 777 DON'T KNOW / NOT SURE
- 999 REFUSED

[ASK IF MOD2_2=105-120 OR MOD2_2=205-220 OR MOD2_2=305-390]

MOD2_2A. I am sorry, but you said that you check your blood [MOD2_2] times per [MOD2_2].

Is this information correct?

- 1 Yes, correct as is
- 2 No, re-ask question [GO BACK TO MOD2_2]

[ASK IF (S6Q12=1 AND CSTATE NE 2)]

MOD2_3. Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations?

- 1 __ Times per day (RANGE 101-199)
- 2 __ Times per week (RANGE 201-299)
- 3 __ Times per month (RANGE 301-399)
- 4 __ Times per year (RANGE 401-499) [NUMBER BOX]

- 555 No feet
- 888 Never
- 777 DON'T KNOW / NOT SURE
- 999 REFUSED

[ASK IF MOD2_3=105-120 OR MOD2_3=205-220 OR MOD2_3=305-390]

MOD2_3A. I am sorry, but you said that you check your feet for sores or irritations [MOD2_3] times per [MOD2_3]. Is this information correct?

- 1 Yes, correct as is
- 2 No, re-ask question [GO BACK TO MOD2_3]

[ASK IF S6Q12=1 and CSTATE NE 2]

MOD2_4: About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

INTERVIEWER NOTE: ENTER 76 FOR 76 TIMES OR MORE

RANGE 1-76 [NUMBER BOX]

- 88 None
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF MOD2_4=52-76]

MOD2_4A: I am sorry, but you said that you have seen a health professional [MOD2_4] times in the past 12 months. Is this correct?

- 1 Yes, correct as is
- 2 No, re-ask question [GO BACK TO MOD2_4]

[ASK IF S6Q12=1 AND CSTATE NE 2]

MOD2_5. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?

READ IF NECESSARY: A test for A one C measures the average level of blood sugar over the past three months.

RANGE 1-76 [NUMBER BOX]

- 88 None
- 98 Never heard of A one C test
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF S6Q12=1 AND MOD2_3 NE 555 AND CSTATE NE 2]

MOD2_6. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

RANGE 1-76 [NUMBER BOX]

- 88 None
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF S6Q12=1 AND CSTATE NE 2]

MOD2_7. When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?

READ ONLY IF NECESSARY:

- 1 Within the past month (anytime less than 1 month ago)
- 2 Within the past year (1 month but less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago

DO NOT READ:

- 8 Never
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S6Q12=1 AND CSTATE NE 2]

MOD2_8. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S6Q12=1 AND CSTATE NE 2]

MOD2_9. Have you ever taken a course or class in how to manage your diabetes yourself?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Section 7: Oral Health

[ASK ALL]

S7Q1. Section 7: Oral Health

Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists, how long has it been since you last visited a dentist or dental clinic for any reason?

READ IF NECESSARY:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

- 8 Never
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

S7Q2. Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?

READ IF NECESSARY: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.

READ IF NECESSARY:

- 1 1 to 5
- 2 6 or more but not all
- 3 All

- 8 None
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

LANG1. INTERVIEWER: DO NOT ASK QUESTION:

IN WHAT LANGUAGE WAS THIS INTERVIEW COMPLETED?

- 1 ENGLISH
- 2 SPANISH

[Section 8: Demographics](#)

[ASK ALL]

S8Q1. Section 8: Demographics

What is your age?

READ IF NECESSARY: I will ask you some questions about yourself in the next section. We include these questions so that we can compare health indicators by groups.

Interviewer Note: Code 99 = 99 and older

RANGE 18-99 [NUMBER BOX]

- 777 DON'T KNOW / NOT SURE
- 999 REFUSED

[ASK IF S6Q13>s8q1 AND S8Q1<> 777,999 AND S6Q13 NE 98,99]

S8Q1CHK. You said you are [S8Q1] years of age and told you had diabetes at age [S6Q13]. I must correct this inconsistency.

1 GO BACK [GO TO S8Q1]

[ASK ALL]

S8Q2. Are you Hispanic, Latino/a, or Spanish origin?

1 No, not of Hispanic, Latino/a, or Spanish origin
2 Yes

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S8Q2=2]

[MUL=4]

S8Q2B. Are you...

INTERVIEWER NOTE: One or more categories may be selected.

1 Mexican, Mexican American, Chicano/a
2 Puerto Rican
3 Cuban
4 Another Hispanic, Latino/a, or Spanish origin

7 DON'T KNOW / NOT SURE [EXCLUSIVE]
9 REFUSED [EXCLUSIVE]

[DATA PROCESSING NOTE: CDC lists this as one question, s8q2 response 5= not Hispanic, 1-4 hispanic options. Deliver based on CDC layout]

[ASK ALL]

[MUL=6]

S8Q3. Which one or more of the following would you say is your race?

INTERVIEWER NOTE: Select all that apply.

10 White
20 Black or African American
30 American Indian or Alaska Native
40 Asian

50 Pacific Islander

60 OTHER

77 DON'T KNOW / NOT SURE [EXCLUSIVE]

99 REFUSED [EXCLUSIVE]

[ASK IF S8Q3=40]

[MUL=7]

S8Q3A. Is that ...

INTERVIEWER NOTE: Select all that apply.

41 Asian Indian

42 Chinese

43 Filipino

44 Japanese

45 Korean

46 Vietnamese

47 Other Asian

60 Other

77 DON'T KNOW / NOT SURE [EXCLUSIVE]

99 REFUSED [EXCLUSIVE]

[ASK IF S8Q3=50]

[MUL=4]

S8Q3PI. Is that...

INTERVIEWER NOTE: Select all that apply.

51 Native Hawaiian

52 Guamanian or Chamorro

53 Samoan

54 Other Pacific Islander

60 Other

77 DON'T KNOW / NOT SURE [EXCLUSIVE]

99 REFUSED [EXCLUSIVE]

[ASK IF NBR(S8Q3)>1]

[DISPLAY ONLY RESPONSES CHOSEN AT S8Q3 AND 60, 77 & 99]

S8Q4. Which one of these groups would you say best represents your race?

INTERVIEWER NOTE: If respondent has selected multiple races in previous and refuses to select a single race, code “refused.”

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
- 50 Pacific Islander

- 60 Other
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF NBR(S8Q3A)>1 AND (NBR(S8Q3)==1 OR S8Q4=40)]

[IF S8Q3A NE MUL AND S8Q4=40, AUTO PUNCH S8Q3A RESPONSE]

[DISPLAY ONLY RESPONSES CHOSEN AT S8Q3A AND 77, 99]

S8Q4A. Is that...

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian

- 60 Other
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF NBR(S8Q3PI)>1 AND (NBR(S8Q3)==1 OR S8Q4=50)]

[IF S8Q3PI NE MUL AND S8Q4=50, AUTO PUNCH S8Q3PI RESPONSE]

[DISPLAY ONLY RESPONSES CHOSEN AT S8Q3PI AND 77,99]

S8Q4PI. Is that...

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

60 Other
77 DON'T KNOW/ NOT SURE
99 REFUSED

[ASK ALL]

S8Q5. Are you...?

PLEASE READ:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married
- 6 A member of an unmarried couple

- 9 REFUSED

[ASK ALL]

S8Q6. What is the highest grade or year of school you completed?

READ ONLY IF NECESSARY

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)

- 9 REFUSED

[ASK ALL]

S8Q7. Do you own or rent your home?

INTERVIEWER READ IF NECESSARY: We ask this question in order to compare health indicators among people with different housing situations.

INTERVIEWER NOTE: Home is defined as the place where you live most of the time/the majority of the year.

INTERVIEWER NOTE: Other arrangement may include group home, staying with friends or family without paying rent. (includes “rent to own”)

- 1 Own
- 2 Rent
- 3 Other arrangement

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MD State-Added Section: County

[ASK IF STATE=MD AND CSTATE NE 2]

MD_CNTY. State-Added Section: County

In what county do you currently live?

INTERVIEWER: If respondent says Baltimore say “Is that Baltimore City or Baltimore County?”

- 001 Allegany
- 003 Anne Arundel
- 005 Baltimore
- 510 Baltimore City
- 009 Calvert
- 011 Caroline
- 013 Carroll
- 015 Cecil
- 017 Charles
- 019 Dorchester
- 021 Frederick
- 023 Garrett
- 025 Harford
- 027 Howard
- 029 Kent
- 031 Montgomery
- 033 Prince George's
- 035 Queen Anne's
- 037 St. Mary's
- 039 Somerset
- 041 Talbot

043 Washington
045 Wicomico
047 Worcester
777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF STATE= MD AND CSTATE NE 2]

S8Q8. Aggregated state-specific county response

MD [MD_CNTY]
77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF STATE= MD AND S8Q8 NE 77,99 AND CSTATE NE 2]

S8Q8C. I just want to confirm, you said you live in the county of [S8Q8]. Is that correct?

1 Yes, correct county
2 No, incorrect county [GO BACK TO MD_cnty]

[ASK IF CSTATE=2]

CNTY. In what county do you currently live?

1 Gave Response [TEXT BOX]
7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

S8Q9. What is the ZIP Code where you currently live?

RANGE 00000-99999 [NUMBER BOX]

77777 DON'T KNOW / NOT SURE
99999 REFUSED

[ASK IF S8Q9 NE 77777,99999]

S8Q9C. I just want to confirm, you said your zip code is [S8Q9]. Is that correct?

1 Yes, correct zip code

2 No, incorrect zip code [GO BACK TO S8Q9]

[ASK IF SAMPTYPE=1]

S8Q10. Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S8Q10=1 AND SAMPTYPE=1]

S8Q11. How many of these telephone numbers are residential numbers?

RANGE 1-5 [NUMBER BOX]

6 6 or more

7 DON'T KNOW / NOT SURE

8 None

9 REFUSED

[ASK ALL]

S8Q12. How many cell phones do you have for personal use?

INTERVIEWER NOTE: Include cell phones used for both business and personal use.

RANGE 1-5 [NUMBER BOX]

6 Six or more

7 DON'T KNOW / NOT SURE

8 NONE

9 REFUSED

[ASK ALL]

S8Q13. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

INTERVIEWER NOTE: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

S8Q14. Are you currently...?

INTERVIEWER NOTE: If more than one, say "Select the category which best describes you".

PLEASE READ:

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for 1 year or more
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired
- \$ Or
- 8 Unable to work

- 9 REFUSED

[ASK ALL]

S8Q15. How many children less than 18 years of age live in your household?

RANGE 1-87 [NUMBER BOX]

- 88 NONE
- 99 REFUSED

[ASK IF S8Q15=1-87]

S8Q15CHK. Just to be sure - you have [S8Q15] [IF S8Q15=1 INSERT "child"; IF S8Q15=2-87 INSERT "children"] under 18 living in your household. Is that correct?

- 1 Yes
- 2 No [GO BACK TO S8Q15]

9 REFUSED

[ASK ALL]

S8Q16A. Is your annual household income from all sources—

Less than \$25,000 (\$20,000 to less than \$25,000)?

INTERVIEWER NOTE: If respondent refuses at any income level, code '99' (refused)

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S8Q16A=01]

S8Q16B. Less than \$20,000 (\$15,000 to less than \$20,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S8Q16B=01]

S8Q16C. Less than \$15,000 (\$10,000 to less than \$15,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S8Q16C=01]

S8Q16D. Less than \$10,000?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

- 01 Yes
- 02 No

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF S8Q16A=02]

S8Q16E. Less than \$35,000 (\$25,000 to less than \$35,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

- 01 Yes
- 02 No

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF S8Q16E=02]

S8Q16F. Less than \$50,000 (\$35,000 to less than \$50,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

- 01 Yes
- 02 No

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF S8Q16F=02]

S8Q16G. Less than \$75,000 (\$50,000 to less than \$75,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

- 01 Yes
- 02 No

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

SET S8Q16=01 IF S8Q16D=01
SET S8Q16=02 IF S8Q16D=02
SET S8Q16=03 IF S8Q16C=02
SET S8Q16=04 IF S8Q16B=02
SET S8Q16=05 IF S8Q16E=01
SET S8Q16=06 IF S8Q16F=01
SET S8Q16=07 IF S8Q16G=01
SET S8Q16=08 IF S8Q16G=02

[ASK ALL]

S8Q16. Aggregated response to income question

04 Less than \$25,000 (\$20,000 to less than \$25,000)
03 Less than \$20,000 (\$15,000 to less than \$20,000)
02 Less than \$15,000 (\$10,000 to less than \$15,000)
01 Less than \$10,000
05 Less than \$35,000 (\$25,000 to less than \$35,000)
06 Less than \$50,000 (\$35,000 to less than \$50,000)
07 Less than \$75,000 (\$50,000 to less than \$75,000)
08 \$75,000 or more

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S8Q16 NE 77,99]

S8Q16AA. Your Annual Household Income is [S8Q16]. Is This Correct?

1 Yes, correct as is.

2 No, re-ask question [GO BACK TO S8Q16A]

[ASK IF HGENDER=2 AND S8Q1=18-49]

S8Q17. To your knowledge, are you now pregnant?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

PS8Q18. About how much do you weigh without shoes?

INTERVIEWER NOTE: ENTER "P" FOR WEIGHT GIVEN IN POUNDS OR ENTER "K" FOR WEIGHT GIVEN IN KILOGRAMS

P Pounds
K Kilograms

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF PS8Q18=P]

S8Q18. About how much do you weigh without shoes?

INTERVIEWER NOTE: Round fractions up

RANGE 50-999 [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S8Q18=50-79 OR S8Q18=351-776]

S8Q18_A. Just to double-check, you indicated [S8Q18] pounds as your weight. IS THIS CORRECT?

1 Yes
2 No [GO BACK TO S8Q18]

[ASK IF PS8Q18=K]

S8Q18M. About how much do you weigh without shoes?

INTERVIEWER NOTE: Round fractions up

RANGE 23-352 [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S8Q18M=23-352 AND PS8Q18=K]

S8Q18AM. Just to double-check, you indicated [S8Q18M] kilograms as your weight. IS THIS CORRECT?

- 1 Yes
- 2 No [GO BACK TO S8Q18M]

[ASK ALL]

PS8Q19. About how tall are you without shoes?

INTERVIEWER NOTE: ENTER "F" FOR HEIGHT GIVEN IN FEET OR ENTER "M" FOR HEIGHT GIVEN IN CENTIMETERS

- F Feet
- M Centimeters

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF PS8Q19=F]

S8Q19. About how tall are you without shoes?

INTERVIEWER NOTE: Round fractions up. Enter height in Feet and Inches Ex: 5 feet 9 inches would be entered as 509

RANGE 300-311, 400-411, 500-511, 600-611, 700-711 [NUMBER BOX]

- 777 DON'T KNOW / NOT SURE
- 999 REFUSED

[ASK IF S8Q19=300-407 OR S8Q19=609-711]

S8Q19A. Just to double check, you indicated you are [S8Q19] FEET / INCHES TALL. IS THIS CORRECT?

- 1 Yes
- 2 No [GO BACK TO S8Q19]

[ASK IF PS8Q19=M]

S8Q19M. About how tall are you without shoes?

INTERVIEWER NOTE: Round fractions up. Enter height in centimeters. Ex: 2 meters 5 centimeters would be entered as 205

RANGE 90-254 [NUMBER BOX]

777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF S8Q19M=90-254 AND PS8Q19=M]

S8Q19AM. Just to double check, you indicated you are [S8Q19M] centimeters tall. IS THIS CORRECT?

1 Yes
2 No [GO BACK TO S8Q19M]

Section 9: Disability

[ASK ALL]

S9Q1. Section 9: Disability

Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone.

Are you deaf or do you have serious difficulty hearing?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

S9Q2. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

S9Q3. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

S9Q4. Do you have serious difficulty walking or climbing stairs?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

S9Q5. Do you have difficulty dressing or bathing?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

S9Q6. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MD State Added Section 1: Community Supports (Split 1)

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=1]

MD1_1. State Added Section 1: Community Supports

Think about your neighborhood when answering the following questions. For this interview, neighborhood is defined as the area within on-half mile or a ten-minute walk from home.

Does your neighborhood have any sidewalks?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=1]

MD1_2. For walking at night, would you describe the street lighting in your neighborhood as:

PLEASE READ:

- 1 Very good
- 2 Good
- 3 Poor
- 4 Very Poor

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=1]

MD1_3. How many of the roads and streets in your neighborhood have shoulders or lanes that are marked for bicycling? Would you say...

PLEASE READ:

- 1 None are marked
- 2 Some are marked
- 3 Most are marked
- 4 All are marked

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=1]

MD1_4. How often do you feel safe in your neighborhood?

PLEASE READ:

- 1 All of the time

- 2 Most of the time
- 3 Some of the time
- 4 None of the time

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=1]

MD1_5. During the past 30 days, for about how many days did you walk in your neighborhood for leisure or as a way to get to your destination?

RANGE 1-30 [NUMBER BOX]

- 88 None
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=1 AND MD1_5=1-19,88]

MD1_6. What is the number one reason that you did not walk more frequently in your neighborhood?

PLEASE READ:

- 01 Lack of time
- 02 No sidewalks
- 03 Too much traffic/traffic noise
- 04 Medical condition
- 05 Lack of energy/motivation
- 06 Exercise elsewhere
- 07 Concerns for safety/crime
- 08 Weather conditions (too hot or too cold)
- 09 No interest/don't want to
- 10 Already get enough physical activity

77 DON'T KNOW / NOT SURE
99 REFUSED

[Section 10: Tobacco Use](#)

[ASK ALL]

S10Q1. Section 10: Tobacco Use

Have you smoked at least 100 cigarettes in your entire life?

INTERVIEWER NOTE: Do not include: electronic cigarettes (e-cigarettes, JUUL, Vuse, Suorin, MarkTen, and blu, njoy, bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana.

INTERVIEWER NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S10Q1=1]

S10Q2. Do you now smoke cigarettes every day, some days, or not at all?

DO NOT READ:

- 1 Every day
- 2 Some days
- 3 Not at all

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S10Q2=1,2]

S10Q3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S10Q2=3]

S10Q4. How long has it been since you last smoked a cigarette, even one or two puffs?

READ ONLY IF NECESSARY:

- 01 Within the past month (less than 1 month ago)
- 02 Within the past 3 months (1 month but less than 3 months ago)

- 03 Within the past 6 months (3 months but less than 6 months ago)
- 04 Within the past year (6 months but less than 1 year ago)
- 05 Within the past 5 years (1 year but less than 5 years ago)
- 06 Within the past 10 years (5 years but less than 10 years ago)
- 07 10 years or more
- 08 Never smoked regularly

DO NOT READ:

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK ALL]

S10Q5. Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

READ IF NECESSARY: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

DO NOT READ:

- 1 Every day
- 2 Some days
- 3 Not at all

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MD State Added Section 2: Smoking Initiation and Frequency (Split 1, 2, 3)

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=1,2,3]

MD2_1. State Added Section 2: Smoking Initiation and Frequency

How old were you when you smoked a whole cigarette for the first time?

RANGE 1-100 [NUMBER BOX]

- 888 Never smoke a whole cigarette
- 777 DON'T KNOW / NOT SURE
- 999 REFUSED

MD State Added Section 3: Tobacco Products (Split 1, 2, 3)

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=1,2,3]

MD3_1. State Added Section 3: Tobacco Products

Cigar products come in a wide variety of sizes, ranging from large traditional cigars, to blunts, to cigarillos, and even smaller cigars that are about the same size and shape as cigarettes. Some common brand names include Black and Mild's, Phillies, Swisher Sweets, and Winchester.

In the past 30 days, did you smoke any cigars?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=1,2,3]

MD3_2. Do you currently use any tobacco products other than cigarettes, cigars, or chewing tobacco, such as pipes, hookah, bidis, kreteks, or dissolvable tobacco products?

INTERVIEWER NOTE: Bidis are small, brown, hand-rolled cigarettes from India and other southeast Asian countries. Kreteks are clove cigarettes made in Indonesia that contain clove extract and tobacco.

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MD State Added Section 4: Smoking Cessation (Split 1, 2, 3)

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=1,2,3]

MD4_1. State Added Section 4: Smoking Cessation

Now, I would like to ask you some questions about programs available to help people quit smoking.

A telephone quite line is a free telephone-based service that connects people who smoke cigarettes with someone who can help them quit. Are you aware of any telephone quit line services that are available to help [IF S10Q2=1,2 INSERT "you"; IF NOT(S10Q2=1,2) INSERT "people"] quit smoking?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF STATE=MD AND S10Q4=01,02,03,04 AND CSTATE NE 2 AND SPLIT=1,2,3]

MD4_2. You last smoked [IF S10Q4=01 INSERT “less than 1 month ago”; IF S10Q4=02 INSERT “less than 3 months ago”; IF S10Q4=03 INSERT “more than 3 months ago”; IF S10Q4=04 INSERT “more than 6 months ago”]. Is that because you are trying to quit smoking for good?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF STATE=MD AND (S10Q3=1 OR (S10Q4=01,02,03,04 AND MD4_2=1)) AND CSTATE NE 2 AND SPLIT=1,2,3]

MD4_3. Previously you mentioned you [IF S10Q3=1 INSERT “tried to quit smoking in the past year”; IF S10Q4=01,02,03,04 AND MD4_2=1 INSERT “quit smoking in the past year”]. The next few questions ask about your most recent attempt to quit smoking.

[IF S10Q4=01,02,03,04 AND MD4_2=1 INSERT “When you quit smoking,”; IF S10Q2=1,2 AND S10Q3=1 INSERT “The last time you tried to quit smoking,”] did you call a telephone quitline to help you quit?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF STATE=MD AND (S10Q3=1 OR (S10Q4=01,02,03,04 AND MD4_2=1)) AND CSTATE NE 2 AND SPLIT=1,2,3]

MD4_4. [IF S10Q4=01,02,03,04 AND MD4_2=1 INSERT “When you quit smoking,”; IF S10Q2=1,2 and S10Q3=1 INSERT “The last time you tried to quit smoking,”] did you use a program to help you quit?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF STATE=MD AND (S10Q3=1 OR (S10Q4=01,02,03,04 AND MD4_2=1)) AND CSTATE NE 2 AND SPLIT=1,2,3]

MD4_5. [IF S10Q4=01,02,03,04 AND MD4_2=1 INSERT “When you quit smoking,”; IF S10Q2=1,2 and S10Q3=1 INSERT “The last time you tried to quit smoking,”] did you use receive one-on-one counseling from a health professional to help you quit?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF STATE=MD AND (S10Q3=1 OR (S10Q4=01,02,03,04 AND MD4_2=1)) AND CSTATE NE 2 AND SPLIT=1,2,3]

MD4_6. [IF S10Q4=01,02,03,04 AND MD4_2=1 INSERT “When you quit smoking,”; IF S10Q2=1,2 and S10Q3=1 INSERT “The last time you tried to quit smoking,”] did you use any of the following medications: a nicotine patch, nicotine gum, nicotine lozenges, nicotine nasal spray, a nicotine inhaler, or pills such as Wellbutrin, Zyban, Bupropion, Chantix, or Varenicline to help you quit?

INTERVIEWER NOTE: Pronounce “Wellbutrin” as Well-Byou-Trin, “Zyban as “Z-EYE-BAN”, “Bupropion” as BYO-PRO-PRI-ON, “Chantix” as CHAN-Tics, and “Varenicline as “VAR-EN-IH-CLEAN. Please read list slowly

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF STATE=MD AND (S10Q2=1,2 OR MD4_2=2) AND CSTATE NE 2 AND SPLIT=1,2,3]

MD4_7. The next few questions are about plans to quit smoking in the future.

Do you have a time frame in mind for quitting?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF STATE=MD AND ((S10q2=1 AND MD4_7=1) OR (MD4_2=2 AND MD4_7=1)) AND CSTATE NE 2 AND SPLIT=1,2,3]

MD4_8. Do you plan to quit smoking cigarettes for good...

PLEASE READ:

- 1 In the next 7 days
- 2 In the next 30 days
- 3 In the next 6 months
- 4 In the next year
- 5 More than 1 year from now

DO NOT READ:

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=1,2,3]

MD4_9. In the past 30 days, have you seen, read, or heard any ads about quitting cigarettes?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF (S10Q2=1 OR S10Q4=01,02,03,04 OR S10Q5=1,2 OR MD3_1=1 OR MD3_2=1) AND STATE=MD AND CSTATE NE 2 AND SPLIT=1,2,3]

MD4_10. In the past 12 months, that is since last [CMONTH] did any doctor, dentist, nurse, or other health professional advise you to quit smoking cigarettes or using any other tobacco products?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Module 8: E-Cigarettes (Split 1, 2, 3)

[ASK IF CSTATE NE 2]

MOD8_1. Module 8: E-Cigarettes

Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?

READ IF NECESSARY: Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy

INTERVIEWER NOTE: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions. E-cigarettes may also be known as JUUL, Vuse, Suorin, MarkTen, and blu.

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD8_1=1]

MOD8_2. Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?

INTERVIEWER NOTE: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.

- 1 Every day
- 2 Some days
- 3 Not at all

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MD State Added Section 5: E-Cigarettes (Split 1, 2, 3)

[ASK IF STATE=MD AND MOD8_2=1,2 AND CSTATE NE 2 AND SPLIT=1,2,3]

MD5_1. State Added Section 5: E-Cigarettes

What is the main reason you use electronic vapor products?

DO NOT READ

- 1 I am trying to quit smoking
- 2 I use when not allowed to smoke

- 3 They are safer than using tobacco
- 4 The novelty of using them
- 5 Other (Specify) [TEXT BOX]

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Module 9: Marijuana Use (Split 1, 2, 3)

[ASK IF CSTATE NE 2]

MOD9_1. Module 9: Marijuana Use

During the past 30 days, on how many days did you use marijuana or cannabis?

INTERVIEWER NOTE: Marijuana and cannabis include both CBD and THC products.

RANGE 1-30 [NUMBER BOX]

- 88 None
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF MOD9_1 =1-30]

MOD9_2. During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually...

INTERVIEWER NOTE: Select one. If respondent provides more than one say: "Which way did you use it most often?"

PLEASE READ:

- 1 **Smoke it** (for example, in a joint, bong, pipe, or blunt).
- 2 **Eat it** (for example, in brownies, cakes, cookies, or candy)
- 3 **Drink it** (for example, in tea, cola, or alcohol)
- 4 **Vaporize it** (for example, in an e-cigarette-like vaporizer or another vaporizing device)
- 5 **Dab it** (for example, using waxes or concentrates), or
- 6 **Use it some other way.**

DO NOT READ:

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD9_1 =1-30]

MOD9_3. When you used marijuana or cannabis during the past 30 days, was it usually:

PLEASE READ:

- 1 For medical reasons (like to treat or decrease symptoms of a health condition);
- 2 For non-medical reasons (like to have fun or fit in), or
- 3 For both medical and non-medical reasons;

DO NOT READ:

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Section 11: Alcohol Consumption

[ASK ALL]

S11Q1. Section 11: Alcohol Consumption

During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

READ IF NECESSARY: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

1__ Days per week (RANGE 101-107)

2__ Days in past 30 days (RANGE 201-230) [NUMBER BOX]

- 888 No drinks in past 30 days
- 777 DON'T KNOW / NOT SURE
- 999 REFUSED

[ASK IF S11Q1 NE 888,777,999]

S11Q2. One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

INTERVIEWER READ ONLY IF NECESSARY: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

RANGE 1-76 [NUMBER BOX]

88 None
77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S11Q2=12-99]

S11Q2A. I am sorry, you just said that you consume [S11Q2] drinks per day. Is that correct?

- 1 Correct as is
- 2 No, Re-ask question [GO BACK TO S11Q2]

[ASK IF S11Q1 NE 888,777,999]

S11Q3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion?

RANGE 1-76 [NUMBER BOX]

88 NONE
77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S11Q3=16-76]

S11Q3A. I am sorry, you said that in the past month there were [S11Q3] occasions when you had [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks. Is this correct?

- 1 Correct as is
- 2 No, Re-ask question [GO BACK TO S11Q3]

[ASK IF S11Q1 NE 888,777,999]

S11Q4. During the past 30 days, what is the largest number of drinks you had on any occasion?

RANGE 1-76 [NUMBER BOX]

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S11Q4=16-76]

S11Q4A. I am sorry, you said that in the past 30 days you had [S11Q4] drinks on one occasion. Is this correct?

- 1 Correct as is
- 2 No, Re-ask question [GO BACK TO S11Q4]

[ASK IF (S11Q3=88 AND HGENDER=2 AND S11Q4=4-76) OR (S11Q3=88 AND HGENDER=1 AND S11Q4=5-76)]

S11Q4B. I'm sorry, but previously you said that you did not have [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion. Is this correct?

- 1 Correct as is
- 2 No, Re-ask question [GO BACK TO S11Q4]

[ASK IF (S11Q3=1-76 AND HGENDER=2 AND S11Q4=1-3) OR (S11Q3=1-76 AND HGENDER=1 AND S11Q4=1-4)]

S11Q4C. I'm sorry, but previously you said that you had [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion. And you've said that in the past 30 days you had a maximum of [S11Q4] drinks on one occasion. Is this correct?

- 1 Correct as is
- 2 No, Re-ask question [GO BACK TO S11Q3]

MD State Added Section 6: Hepatitis Treatment (Split 1, 2, 3)

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=1,2,3]

MD6_1. State Added Section 6: Hepatitis Treatment

Have you ever been told by a doctor or other health professional that you had Hepatitis C?

INTERVIEWER NOTE: Hepatitis C is an infection of the liver from the Hepatitis C virus.

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MD6_1=1]

MD6_2. Were you treated for Hepatitis C in 2015 or after?

INTERVIEWER NOTE: Most Hepatitis C treatments offered in 2015 or after were oral medicines or pills including Harvoni, Viekira, Zepatier, Epclusa, and others.

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 Refused

[ASK IF MD6_1=1]

MD6_3. Were you treated for Hepatitis C prior to 2015?

INTERVIEWER NOTE: Most Hepatitis C treatments offered prior to 2015 were shots and pills given weekly or more often over many months.

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MD6_1=1]

MD6_4. Do you still have Hepatitis C?

INTERVIEWER NOTE: You may still have Hepatitis C and feel healthy. Your blood must be tested again to tell if you still have Hepatitis C.

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Section 12: Immunization

[ASK ALL]

S12Q1. Section 12: Immunization

During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or flu shot injected into your arm?

READ ONLY IF NECESSARY: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S12Q1=1]

S12Q2M. During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm?

01 January

02 February

03 March

04 April

05 May

06 June

07 July

08 August

09 September

10 October

11 November

12 December

Code MONTH (RANGE 01-12) [NUMBER BOX]

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S12Q1=1 OR S12Q2CHK=1]

S12Q2Y.

Code YEAR (RANGE 2019-2020) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE

9999 REFUSED

[ASK IF S12Q1=1 AND S12Q2M<CMONTH AND S12Q2Y<CYEAR]

S12Q2CHK. I'm sorry, but you said you had a flu vaccination within the past 12 months, but you have just given me a date for your most recent vaccination that is more than 12 months ago. Have you had a flu vaccination within the past 12 months?

- 1 Yes
- 2 No

[ASK IF S12Q2Y=CYEAR AND S12Q2M>CMONTH AND NOT(S12Q2M=77,99)]

S12Q2CHK2. I'm sorry, but you said you had a flu vaccination within the past 12 months, but you have just given me a date for your most recent vaccination that is in the future. I must go back and correct this inconsistency.

- 1 CONTINUE [GO BACK TO S12Q2M]

[ASK IF S8Q1 = 50-99]

S12Q3. Have you ever had the shingles or zoster vaccine?

READ IF NECESSARY: Shingles is an illness that results in a rash or blisters on the skin, and is usually painful. There are two vaccines now available for shingles: Zostavax, which requires 1 shot and Shingrix which requires 2 shots.

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

S12Q4. Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

INTERVIEWER NOTE: If respondent is confused read: "There are two types of pneumonia shots: polysaccharide, also known as pneumovax, and conjugate, also known as prevnar."

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Section 13: Falls

[ASK IF S8Q1>44 OR S8Q1=777, 999]

S13Q1. Section 13: Falls

In the past 12 months, how many times have you fallen?

READ IF NECESSARY: By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

RANGE 1-76 [NUMBER BOX]

88 None
77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S13Q1=1-76]

S13Q2. How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go see a doctor?

INTERVIEWER NOTE: 76= 76 or more

RANGE 1-76 [NUMBER BOX]

88 None
77 DON'T KNOW / NOT SURE
99 REFUSED

Section 14: Seat Belt Use and Drinking and Driving

[ASK ALL]

S14Q1. Section 14: Seat Belt Use and Drinking and Driving

How often do you use seat belts when you drive or ride in a car? Would you say -

PLEASE READ:
1 Always
2 Nearly always
3 Sometimes
4 Seldom

5 Never

8 Never drive or ride in a car
7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S14Q1=1-5, 7,9 AND S11Q1 NE 888]

S14Q2. During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

RANGE 1-76 [NUMBER BOX]

88 None
77 DON'T KNOW / NOT SURE
99 REFUSED

MD State Added Section 7: Substance Abuse (Split 1, 2, 3)

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=1,2,3]

MD7_1. State Added Section 7: Substance Abuse

Now I'm going to ask you about non-medical use of drugs. "Non-medical use" means using drugs not prescribed by a doctor, or are used to get high, or for curiosity. Please do NOT include alcohol or tobacco.

Remember, all answers are kept confidential and no identifying information is recorded. You may skip any question you do not wish to answer.

In the past 12 months, did you use or take drugs, such as benzodiazepines, cocaine, heroin, amphetamines, or anything NOT prescribed by your doctor?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MD7_1=1]

MD7_2. In the past 12 months, did you use heroin or any type of opioid that you did not have a prescription for or that you took more frequently than prescribed, on one or more occasions?

INTERVIEWER NOTE: Opioids include certain painkillers, such as morphine, hydrocodone, and oxycodone; and prescription drugs such as OxyContin, Percocet, and Vicodin.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MD7_1=1]

MD7_3. In the past 12 months, did you shoot up or inject any drugs other than those prescribed for you? By shooting up, I mean anytime you might have used drugs with a needle, either by mainlining, skin popping, or muscling?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MD7_1=1]

MD7_CLOSE. Thank you for answering these questions. If you would like assistance with any of these issues, please call the Maryland Crisis Hotline at 1-800-422-0009 to find out about mental health and substance related disorder services available in your area.

1 Continue

Section 15: Breast and Cervical Cancer Screening

[ASK IF HGENDER=2]

S15Q1. Section 15: Breast and Cervical Cancer Screening

The next questions are about breast and cervical cancer.

Have you ever had a mammogram?

INTERVIEWER NOTE: A mammogram is an x-ray of each breast to look for breast cancer.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S15Q1=1]

S15Q2. How long has it been since you had your last mammogram?

READ ONLY IF NECESSARY:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

DO NOT READ:

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF HGENDER=2]

S15Q3. Have you ever had a Pap test?

INTERVIEWER NOTE: A Pap test is a test for cancer of the cervix.

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S15Q3=1]

S15Q4. How long has it been since you had your last Pap test?

READ ONLY IF NECESSARY:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

DO NOT READ:

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF HGENDER=2]

S15Q5. An H.P.V. test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an H.P.V. test?

INTERVIEWER NOTE: HUMAN PAPILLOMAVIRUS (PAP-UH-LOH-MUH VIRUS)

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S15Q5=1]

S15Q6. How long has it been since you had your last H.P.V. test?

READ ONLY IF NECESSARY:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

DO NOT READ:

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF HGENDER=2 AND S8Q17 NE 1]

S15Q7. Have you had a hysterectomy?

INTERVIEWER NOTE: A hysterectomy is an operation to remove the uterus (womb).

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[Section 16: Prostate Cancer Screening](#)

[ASK IF (S8Q1>39 OR S8Q1=777, 999) AND HGENDER=1]

S16Q1. Section 16: Prostate Cancer Screening

Has a doctor, nurse, or other health professional ever talked with you about the advantages of the Prostate-Specific Antigen or P.S.A. test?

INTERVIEWER NOTE: A prostate-specific antigen test, also called a P.S.A. test, is a blood test used to check men for prostate cancer.

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF (S8Q1>39 OR S8Q1=777, 999) AND HGENDER=1]

S16Q2. Has a doctor, nurse, or other health professional ever talked with you about the disadvantages of the P.S.A. test?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF (S8Q1>39 OR S8Q1=777, 999) AND HGENDER=1]

S16Q3. Has a doctor, nurse, or other health professional ever recommended that you have a P.S.A. test?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF (S8Q1>39 OR S8Q1=777, 999) AND HGENDER=1]

S16Q4. Have you ever had a P.S.A. test?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S16Q4=1]

S16Q5. How long has it been since you had your last P.S.A. test?

READ ONLY IF NECESSARY:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

DO NOT READ:

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S16Q4=1]

S16Q6. What was the main reason you had this P.S.A. test – was it ...?

PLEASE READ:

- 1 Part of a routine exam
- 2 Because of a prostate problem
- 3 Because of a family history of prostate cancer
- 4 Because you were told you had prostate cancer
- 5 Some other reason

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Section 17: Colorectal Cancer Screening

[ASK IF (S8Q1=45-99 OR S8Q1=777, 999)]

S17Q1. Section 17: Colorectal Cancer Screening

The next questions are about the five different types of tests for colorectal cancer screening.

A colonoscopy checks the entire colon. You are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Have you ever had a colonoscopy?

INTERVIEWER NOTE: Do not include a virtual colonoscopy, where your colon is filled with air and you are moved through a donut shaped X-ray machine as you lie on your back and then on your stomach.

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S17Q1=1]

S17Q2. How long has it been since you had this test?

READ ONLY IF NECESSARY:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago

DO NOT READ:

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF (S8Q1=45-99 OR S8Q1=777, 999)]

S17Q3. A sigmoidoscopy checks part of the colon and you are fully awake. Have you ever had a sigmoidoscopy?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S17Q3=1]

S17Q4. How long has it been since you had this test?

READ ONLY IF NECESSARY:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago

DO NOT READ:

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF (S8Q1=45-99 OR S8Q1=777, 999)]

S17Q5. Another test uses a special kit to obtain a small amount of stool at home to determine whether the stool contains blood and returns the kit to the doctor or the lab. Have you ever had this test using a home kit?

INTERVIEWER NOTE: This is also called a fecal immunochemical test or F.I.T. or a guaiac-based fecal occult blood test also known as gFOBT. The FIT test uses antibodies to detect blood in the stool. The gFOBT uses a chemical called guaiac to detect blood in the stool.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S17Q5=1]

S17Q6. How long has it been since you had this test?

READ ONLY IF NECESSARY:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago

DO NOT READ:

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF (S8Q1=45-99 OR S8Q1=777,999)]

S17Q7. Another test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this test?

INTERVIEWER NOTE: This is also called a FIT-DNA test, a stool DNA test, or Cologuard test. This test combined the FIT with a test that detects altered DNA in the stool.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S17Q7=1]

S17Q8. How long has it been since you had this test?

READ ONLY IF NECESSARY:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago

DO NOT READ:

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF (S8Q1=45-99 OR S8Q1=777,999)]

S17Q9. For a virtual colonoscopy, your colon is filled with air and you are moved through a donut shaped X-ray machine as you lie on your back and then on your stomach. Have you ever had a virtual colonoscopy?

INTERVIEWER NOTE: Unlike a regular colonoscopy, you do not need medication to make you sleepy during this test.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S17Q9=1]

S17Q10. How long has it been since you had this test?

READ ONLY IF NECESSARY:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)

5 10 or more years ago

DO NOT READ:

7 DON'T KNOW / NOT SURE

9 REFUSED

Module 11: Cancer Survivorship : Type of Cancer (Split 2)

[ASK IF (S6Q6=1 OR S6Q7=1 OR S16Q6=4) AND CSTATE NE 2]

MOD11_1. Module 11: Cancer Survivorship

You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.

How many different types of cancer have you had?

1 Only one

2 Two

3 Three or more

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD11_1=1,2,3]

MOD11_2. At what age were you [IF MOD11_1=1 INSERT "told that you had cancer?"; IF MOD11_1=2,3 INSERT "first diagnosed with cancer?"]

INTERVIEWER NOTE: This question refers to the first time they were told about their first cancer.

RANGE 1-97 [NUMBER BOX]

98 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF MOD11_2>S8Q1 AND S8Q1 NE 777,999 AND MOD11_2 NE 98,99 AND CSTATE NE 2]

MOD11_2C. You said you were [S8Q1] years of age and told that you had cancer at age [MOD11_2]. I must correct this inconsistency.

1 Continue [GO BACK TO MOD11_2]

[ASK IF S6Q6=1 AND MOD11_1=1 AND CSTATE NE 2]

MOD11_3A. Was it “Melanoma” or “other skin cancer”?

- 21 Melanoma
- 22 Other Skin Cancer

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[IF S16Q6=4 and MOD11_1=1 Code MOD11_3 as 19]

[ASK IF MOD11_1=2,3 OR (MOD11_1=1 AND S6Q6<>1)]

MOD11_3. [IF MOD11_1=1 AND S6Q6 NE 1 INSERT “What type of cancer was it?”; IF MOD11_1=2,3 INSERT “With your most recent diagnoses of cancer, what type of cancer was it?”]

INTERVIEWER NOTE: Please read list only if respondent needs prompting for cancer type (i.e., name of cancer)

\$ Breast

- 01 Breast cancer

\$ Female reproductive (Gynecologic)

- 02 Cervical cancer (cancer of the cervix)
- 03 Endometrial cancer (cancer of the uterus)
- 04 Ovarian cancer (cancer of the ovary)

\$ Head/Neck

- 05 Head and neck cancer
- 06 Oral cancer
- 07 Pharyngeal (throat) cancer
- 08 Thyroid
- 09 Larynx

\$ Gastrointestinal

- 10 Colon (intestine) cancer
- 11 Esophageal (esophagus)
- 12 Liver cancer
- 13 Pancreatic (pancreas) cancer
- 14 Rectal (rectum) cancer

15 Stomach

\$ Leukemia/Lymphoma (lymph nodes and bone marrow)

16 Hodgkin's Lymphoma (Hodgkin's disease)

17 Leukemia (blood) cancer

18 Non-Hodgkin's Lymphoma

\$ Male reproductive

19 Prostate cancer

20 Testicular cancer

\$ Skin

21 Melanoma

22 Other skin cancer

\$ Thoracic

23 Heart

24 Lung

\$ Urinary cancer

25 Bladder cancer

26 Renal (kidney) cancer

\$ Others

27 Bone

28 Brain

29 Neuroblastoma

30 Other

77 DON'T KNOW / NOT SURE

99 REFUSED

Module 12: Cancer Survivorship: Course of Treatment (Split 2)

[ASK IF ((S6Q6=1) OR (S6Q7=1) OR (S16Q6=4)) AND CSTATE NE 2]

MOD12_1. Module 12: Cancer Survivorship: Course of treatment

Are you currently receiving treatment for cancer?

READ ONLY IF NECESSARY: By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

READ ONLY IF NECESSARY:

- 1 Yes
- 2 No, I've completed treatment
- 3 No, I've refused treatment
- 4 No, I haven't started treatment
- 5 Treatment was not necessary

DO NOT READ:

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD12_1=2]

MOD12_2. What type of doctor provides the majority of your health care? Is it a ...

INTERVIEWER NOTE: If the respondent requests clarification of this question, say: We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.).

READ IF NECESSARY: An oncologist is a medical doctor who manages a person's care and treatment after a cancer diagnosis.

PLEASE READ:

- 01 Cancer Surgeon
- 02 Family Practitioner
- 03 General Surgeon
- 04 Gynecologic Oncologist
- 05 General Practitioner, Internist
- 06 Plastic Surgeon, Reconstructive Surgeon
- 07 Medical Oncologist
- 08 Radiation Oncologist
- 09 Urologist
- 10 Other

DO NOT READ:

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF MOD12_1=2]

MOD12_3. Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received?

READ ONLY IF NECESSARY: “By ‘other healthcare professional’, we mean a nurse practitioner, a physician’s assistant, social worker, or some other licensed professional.”

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD12_1=2]

MOD12_4. Have you ever received instructions from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing your treatment for cancer?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD12_4=1]

MOD12_5. Were these instructions written down or printed on paper for you?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD12_1=2]

MOD12_6. With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?

READ ONLY IF NECESSARY: “Health insurance” also includes Medicare, Medicaid, or other types of state health programs.

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD12_1=2]

MOD12_7. Were you ever denied health insurance or life insurance coverage because of your cancer?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD12_1=2]

MOD12_8. Did you participate in a clinical trial as part of your cancer treatment?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

Module 13: Cancer Survivorship: Pain Management (Split 2)

[ASK IF ((S6Q6=1) OR (S6Q7=1) OR (S16Q6=4)) AND CSTATE NE 2]

MOD13_1. Module 13: Cancer Survivorship: Pain Management

Do you currently have physical pain caused by your cancer or cancer treatment?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD13_1=1]

MOD13_2. Would you say your pain is currently under control ...?

PLEASE READ:

1 With medication (or treatment)

2 Without medication (or treatment)

3 Not under control, with medication (or treatment)

4 Not under control, without medication (or treatment)

DO NOT READ:

7 DON'T KNOW / NOT SURE

9 REFUSED

MD State Added Section 8: Secondhand Smoke (Split 1, 2)

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=1,2]

MD8_1t. State Added Section 8: Secondhand Smoke

The next questions are about exposure to secondhand smoke

1 Continue

[ASK IF STATE=MD AND S8Q14=1,2 AND CSTATE NE 2 AND SPLIT=1,2]

MD8_1. Now I am going to ask you about smoke you might have breathed at work because someone else was smoking indoors. During the past 7 days, that is since last [DAY], on how many days did you breathe smoke at your workplace from someone other than you who was smoking tobacco?

RANGE 1-7 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=1,2]

MD8_2. Not counting decks, porches, or garages, inside your home is smoking...

PLEASE READ:

1 Always allowed

2 Allowed only at sometimes or in some places

3 Never allowed

DO NOT READ:

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=1,2]

MD8_3. Not counting motorcycles, in the vehicles that you or family members who live with you own or lease, is smoking...

PLEASE READ:

- 1 Always allowed in all vehicles
- 2 Sometimes allowed in at least one vehicle
- 3 Never allowed in any vehicle

DO NOT READ:

- 6 Family does not have a vehicle smoking policy
- 8 Respondent's family does not own or lease a vehicle
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=1,2]

MD8_4. Does any other adult age 18 or older living in the household smoke cigarettes now?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Section 18: H.I.V./AIDS

[ASK ALL]

S18Q1. Section 18: H.I.V./AIDS

Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for H.I.V.?

INTERVIEWER NOTE: Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S18Q1=1]

S18Q2M. Not including blood donations, in what month and year was your last H.I.V. test?

INTERVIEWER NOTE: If response is before January 1985, code “Don’t know.”

INTERVIEWER NOTE: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

- 01 January
- 02 February
- 03 March
- 04 April
- 05 May
- 06 June
- 07 July
- 08 August
- 09 September
- 10 October
- 11 November
- 12 December

Code MONTH (RANGE 01-12) [NUMBER BOX]

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S18Q1=1]

S18Q2Y.

Code YEAR (RANGE 1985-2020) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S18Q2Y=CYEAR AND S18Q2M>CMONTH AND NOT(S18Q2M=77,99)]

S18Q2CHK. I'm sorry, but you said you had a H.I.V. test within the past 12 months, but you have just given me a date for your most recent test that is in the future. I must go back and correct this inconsistency.

1 CONTINUE [GO BACK TO S18Q2M]

[ASK ALL]

S18Q3. I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

You have injected any drug other than those prescribed for you in the past year.
You have been treated for a sexually transmitted disease or STD in the past year.
You have given or received money or drugs in exchange for sex in the past year.
You had anal sex without a condom in the past year.
You had four or more sex partners in the past year.

Do any of these situations apply to you?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Optional Modules

[Module 21: Adverse Childhood Experiences](#)

[ASK IF CSTATE NE 2]

MOD21_T. Module 21: Adverse Childhood Experiences

I'd like to ask you some questions about events that happened during your childhood. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age.

INTERVIEWER NOTE: Be aware of the level of stress introduced by questions in this section and be familiar with the crisis plan.

- 1 Continue

[ASK IF CSTATE NE 2]

MOD21_1. Now, looking back before you were 18 years of age--- Did you live with anyone who was depressed, mentally ill, or suicidal?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CSTATE NE 2]

MOD21_2. Did you live with anyone who was a problem drinker or alcoholic?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CSTATE NE 2]

MOD21_3. Did you live with anyone who used illegal street drugs or who abused prescription medications?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CSTATE NE 2]

MOD21_4. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CSTATE NE 2]

MOD21_5. Were your parents separated or divorced?

- 1 Yes
- 2 No
- 8 Parents not married

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF CSTATE NE 2]

MOD21_6. How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? Was it --

PLEASE READ:

- 1 Never
- 2 Once
- 3 More than Once

DO NOT READ:

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF CSTATE NE 2]

MOD21_7. Not including spanking, (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Was it --

PLEASE READ:

- 1 Never
- 2 Once
- 3 More than Once

DO NOT READ:

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF CSTATE NE 2]

MOD21_8. How often did a parent or adult in your home ever swear at you, insult you, or put you down? Was it --

PLEASE READ:

- 1 Never
- 2 Once
- 3 More than Once

DO NOT READ:

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CSTATE NE 2]

MOD21_9. How often did anyone at least 5 years older than you or an adult, ever touch you sexually? Was it --

PLEASE READ:

1 Never

2 Once

3 More than Once

DO NOT READ:

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CSTATE NE 2]

MOD21_10. How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? Was it --

PLEASE READ:

1 Never

2 Once

3 More than Once

DO NOT READ:

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CSTATE NE 2]

MOD21_11. How often did anyone at least 5 years older than you or an adult, force you to have sex? Was it --

PLEASE READ:

1 Never

2 Once

3 More than Once

DO NOT READ:

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF STATE NE GA AND CSTATE NE 2]

MOD21_C. Would you like for me to provide a toll-free number for an organization that can provide information and referral for the issues in the last few questions?

1 Yes
2 No

[ASK IF (MOD21_C=1 AND CSTATE NE 2) OR (IF STATE = GA AND CSTATE NE 2)]

MOD21_HOT. Would you like for me to provide a toll-free number for an organization that can provide information and referral for the issues in the last few questions?

National Hotline for Child Abuse: 1-800-4-A-CHILD (1-800-422-4453)"]

Rape, Abuse and Incest National Network Hotline: 1-800-656-HOPE (4673)

1 Continue

[ASK ALL]

CLOSE. That was my last question. Everyone's answers will be combined to help us provide information about the health practices of people in this state. Thank you very much for your time and cooperation.

1 Continue

State Added Sections

[MD State Added Section 9: COVID-19 \(Splits 1 and 3\)](#)

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=1,3]

MD9_1: State Added Section 9: COVID-19

Have you personally been tested for COVID-19 (coronavirus)?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=1,3]

MD9_2: Have you or anyone else in your household been diagnosed as having COVID-19?

1 Yes, I have
2 Yes, someone else in my household
3 Yes, both myself and at least one other person in my household
4 No one in my household

5 Prefer not to answer

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=1,3]

MD9_3a: Since January, as a result of the COVID-19 outbreak...

Do you wash your hands with soap and water more often?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=1,3]

MD9_3b: (Since January, as a result of the COVID-19 outbreak...)

Do you wear a face mask?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=1,3]

MD9_3c: (Since January, as a result of the COVID-19 outbreak...)

Do you practice social distancing?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=1,3]

MD9_4a: Since January, as a result of the COVID-19 outbreak...

Did you or someone in your household not seek or postpone necessary medical care of medical appointments?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=1,3]

MD9_4b: (Since January, as a result of the COVID-19 outbreak...)

Have you or someone in your household experienced financial hardships?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED